

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: PR
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: PR

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 16,052,712

A.Preventive and primary care for children:

\$ 4,815,813 (30%)

B.Children with special health care needs:

\$ 4,815,813 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,605,271 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 3,512,301

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 14,673,760

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 233,179

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 10,226,318

\$ 14,906,939

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 34,471,952

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 500,000

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 525,050

j. Education: \$ 4,777,823

k. Other: \$

UNHS \$ 149,999

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 6,152,516

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 40,624,468

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number: Form2_Main

Field Name: CDC

Row Name: Other Federal Funds - CDC

Column Name:

Year: 2010

Field Note:

Addressing Asthma from a Public Health Perspective \$335,000.00

Birth Defects Surveillance System \$190,050.00

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PR

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 17,080,795	\$ 17,080,795	\$ 16,981,400	\$ 16,981,400	\$ 16,274,253	\$ 16,274,253
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 8,037,913	\$ 8,037,913	\$ 6,169,916	\$ 6,169,916	\$ 2,204,550	\$ 2,204,550
3. State Funds <i>(Line3, Form 2)</i>	\$ 18,839,031	\$ 18,839,031	\$ 17,363,487	\$ 17,363,487	\$ 13,859,102	\$ 13,859,102
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 470,966	\$ 470,966	\$ 523,331	\$ 523,331	\$ 542,749	\$ 542,749
7. Subtotal <i>(Line8, Form 2)</i>	\$ 44,428,705	\$ 44,428,705	\$ 41,038,134	\$ 41,038,134	\$ 32,880,654	\$ 32,880,654
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,005,393	\$ 9,005,393	\$ 10,101,560	\$ 10,101,560	\$ 9,333,981	\$ 9,333,981
9. Total <i>(Line11, Form 2)</i>	\$ 53,434,098	\$ 53,434,098	\$ 51,139,694	\$ 51,139,694	\$ 42,214,635	\$ 42,214,635
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PR

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 16,275,702	\$ 16,275,702	\$ 16,278,600	\$	\$ 16,052,712	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 415,509	\$ 415,509	\$ 521,050	\$	\$ 3,512,301	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 12,518,408	\$ 12,518,408	\$ 12,599,738	\$	\$ 14,673,760	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 371,406	\$ 371,406	\$ 476,739	\$	\$ 233,179	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 29,581,025	\$ 29,581,025	\$ 29,876,127	\$ 0	\$ 34,471,952	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 8,856,827	\$ 8,856,827	\$ 8,843,043	\$	\$ 6,152,516	\$
9. Total <i>(Line11, Form 2)</i>	\$ 38,437,852	\$ 38,437,852	\$ 38,719,170	\$ 0	\$ 40,624,468	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PR

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 6,408,094	\$ 6,107,048	\$ 5,900,999	\$ 5,405,520	\$ 4,687,984	\$ 4,515,957
b. Infants < 1 year old	\$ 6,408,094	\$ 6,107,048	\$ 5,900,999	\$ 5,405,521	\$ 4,687,984	\$ 4,515,958
c. Children 1 to 22 years old	\$ 14,952,218	\$ 12,949,397	\$ 13,768,998	\$ 13,235,405	\$ 10,938,630	\$ 10,602,683
d. Children with Special Healthcare Needs	\$ 14,952,219	\$ 17,557,132	\$ 13,768,998	\$ 15,293,548	\$ 10,938,631	\$ 11,618,631
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,708,080	\$ 1,708,080	\$ 1,698,140	\$ 1,698,140	\$ 1,627,425	\$ 1,627,425
g. SUBTOTAL	\$ 44,428,705	\$ 44,428,705	\$ 41,038,134	\$ 41,038,134	\$ 32,880,654	\$ 32,880,654
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 98,131		\$ 97,593		\$ 80,671	
c. CISS	\$ 0		\$ 0		\$ 140,000	
d. Abstinence Education	\$ 1,449,018		\$ 2,537,208		\$ 2,537,208	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 379,581		\$ 453,845		\$ 379,581	
j. Education	\$ 6,233,513		\$ 6,244,914		\$ 5,538,021	
k. Other						
March of Dimes	\$ 0		\$ 0		\$ 8,500	
UNHS	\$ 195,918		\$ 150,000		\$ 150,000	
Champions for Progre	\$ 0		\$ 18,000		\$ 0	
Early Childhood	\$ 0		\$ 100,000		\$ 0	
Early Childhood	\$ 100,000		\$ 0		\$ 0	
March of Dimes	\$ 49,232		\$ 0		\$ 0	
III. SUBTOTAL	\$ 9,005,393		\$ 10,101,560		\$ 9,333,981	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PR

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 4,193,018	\$ 4,089,141	\$ 4,237,240	\$	\$ 4,930,002	\$
b. Infants < 1 year old	\$ 4,193,018	\$ 4,089,141	\$ 4,237,240	\$	\$ 4,930,002	\$
c. Children 1 to 22 years old	\$ 9,783,709	\$ 9,991,463	\$ 9,886,893	\$	\$ 11,503,338	\$
d. Children with Special Healthcare Needs	\$ 9,783,710	\$ 9,783,710	\$ 9,886,894	\$	\$ 11,503,339	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 1,627,570	\$ 1,627,570	\$ 1,627,860	\$	\$ 1,605,271	\$
g. SUBTOTAL	\$ 29,581,025	\$ 29,581,025	\$ 29,876,127	\$ 0	\$ 34,471,952	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 2,537,208		\$ 2,537,208		\$ 0	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 525,000		\$ 445,863		\$ 525,050	
j. Education	\$ 4,904,975		\$ 4,968,329		\$ 4,777,823	
k. Other						
UNHS	\$ 150,000		\$ 149,999		\$ 149,999	
March of Dimes	\$ 5,000		\$ 7,000		\$ 0	
III. SUBTOTAL	\$ 8,856,827		\$ 8,843,043		\$ 6,152,516	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PR

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 31,366,977	\$ 31,044,670	\$ 28,999,450	\$ 26,238,160	\$ 23,086,888	\$ 19,012,484
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 5,777,303	\$ 4,268,914	\$ 5,324,803	\$ 5,034,411	\$ 3,141,397	\$ 4,203,745
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,763,058	\$ 3,095,517	\$ 2,546,644	\$ 3,462,262	\$ 2,217,456	\$ 2,828,967
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,521,367	\$ 6,019,604	\$ 4,167,237	\$ 6,303,301	\$ 4,434,913	\$ 6,835,458
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 44,428,705	\$ 44,428,705	\$ 41,038,134	\$ 41,038,134	\$ 32,880,654	\$ 32,880,654

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PR

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 18,898,650	\$ 17,070,888	\$ 17,157,746	\$	\$ 20,151,964	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,672,066	\$ 4,596,900	\$ 3,744,078	\$	\$ 5,282,553	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,503,682	\$ 2,383,731	\$ 2,441,790	\$	\$ 2,739,102	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,506,627	\$ 5,529,506	\$ 6,532,513	\$	\$ 6,298,333	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 29,581,025	\$ 29,581,025	\$ 29,876,127	\$ 0	\$ 34,471,952	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Updated data for 2007. See 2006 notes.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Reflects real expenses.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Updated data for 2007. See notes 2006.
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Updated data for 2007. See 2006 notes.
5. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Reflects real expenses.
6. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Updated data for 2007. See 2006 notes.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: PR

Total Births by Occurrence: 46,002

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	45,966	99.9	1,298	2	2	100
Congenital Hypothyroidism	45,966	99.9	2,090	7	7	100
Galactosemia	45,966	99.9	676	1	1	100
Sickle Cell Disease	45,966	99.9	1,018	6	6	100

Other Screening (Specify)

Congenital Adrenal Hyperplasia	45,966	99.9	1,858	2	2	100
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Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Information provided by Hereditary Disease Program

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: PR

Reporting Year: 2008

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	31,703	14.6	0.0	85.4	0.0	0.0
Infants < 1 year old	45,902	14.6	5.9	79.5	0.0	0.0
Children 1 to 22 years old	55,526	14.6	5.9	79.5	0.0	0.0
Children with Special Healthcare Needs	8,260	14.6	5.9	79.5	0.0	0.0
Others	27,581	14.6	0.0	85.4	0.0	0.0
TOTAL	168,972					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: PR

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	46,719	0	0	0	0	0	0	46,719
Title V Served	45,966	0	0	0	0	0	0	45,966
Eligible for Title XIX	6,821	0	0	0	0	0	0	6,821
INFANTS								
Total Infants in State	46,719	0	0	0	0	0	0	46,719
Title V Served	45,966	0	0	0	0	0	0	45,966
Eligible for Title XIX	6,821	0	0	0	0	0	0	6,821

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	0	0	46,719	0	0	0	0	0
Title V Served	0	0	45,966	0	0	0	0	0
Eligible for Title XIX	0	0	6,821	0	0	0	0	0
INFANTS								
Total Infants in State	0	0	46,719	0	0	0	0	0
Title V Served	0	0	45,966	0	0	0	0	0
Eligible for Title XIX	0	0	6,821	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PR

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-981-5721</u>	<u>800-981-5721</u>	<u>800-981-5721</u>	<u>800-981-5721</u>	<u>787-474-2028</u>
2. State MCH Toll-Free "Hotline" Name	Data Voice	Data Voice	Data Voice	Data Voice	Data Voice
3. Name of Contact Person for State MCH "Hotline"	<u>Dr. Himirce Vázquez</u>	<u>Dr. Maria Rullan-Marin</u>	<u>Dr. Rosalina Valcárcel-Ru</u>	<u>Maria del C. Rullán</u>	<u>Dr. Roberto Varela-Flores</u>
4. Contact Person's Telephone Number	<u>787-274-5698</u>	<u>787-274-5698</u>	<u>787-274-5698</u>	<u>787-274-5698</u>	<u>787-274-5689</u>
5. Contact Person's Email	<u>hvazquez@salud.gov.pr</u>				
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>258</u>	<u>646</u>	<u>767</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PR

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>800-981-8492</u>	<u>800-981-8492</u>	<u>1-800-981-8492</u>	<u>1-800-981-8492</u>	
2. State MCH Toll-Free "Hotline" Name	APNI	APNI	APNI	APNI	
3. Name of Contact Person for State MCH "Hotline"	<u>Ms. Carmen Candelas</u>	<u>Ms. Carmen Selles</u>	<u>Ms. Carmen Sellés</u>	<u>Ms. Carmen Sellés</u>	
4. Contact Person's Telephone Number	<u>787-763-4665</u>	<u>787-763-4265</u>	<u>787-763-4265</u>	<u>787-763-4265</u>	
5. Contact Person's Email	<u>centroinfo@apnpr.org</u>				
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,725</u>	<u>510</u>	<u>1,640</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: PR

1. State MCH Administration:
(max 2500 characters)

The Assistant Secretariat for Family Health, Integrated Services and Health Promotion of the PRDoH administers the MCH/CSHCN programs. In Puerto Rico, the Title V Program supports direct services not covered by the GIP, such as the provision of contraceptive methods and Rhogam vaccine recommended for Rh negative non-sensitized pregnant women at 28 weeks gestation for low income population and subspecialty services for CSHCN. Title V funds are also used to support needs assessments and other activities geared to improve the health status of WCBA, infants, children, adolescents and CSHCN. Among the most relevant programs which are implemented with the Title V funds we want to highlight the following: the Home Visiting Program and the Comprehensive Adolescent Program. The Title V provides leadership and supervision to other related programs, such as SSDI, Healthy Start, Universal Newborn Hearing Screening, Early Intervention Program, Addressing Asthma from a Public Health Perspective and its Surveillance System, Early Childhood Comprehensive Systems and the Birth Defects Surveillance System.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 16,052,712
3. Unobligated balance (Line 2, Form 2)	\$ 3,512,301
4. State Funds (Line 3, Form 2)	\$ 14,673,760
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 233,179
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 34,471,952

9. Most significant providers receiving MCH funds:

Geneticists, Neuro Surgeons, Audiologist at PC's
Naranjito Adolescent Program
Sexual Assault Victims Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	31,703
b. Infants < 1 year old	45,902
c. Children 1 to 22 years old	55,526
d. CSHCN	8,260
e. Others	27,581

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct Medical Care includes the sub specialty services for CSHCN, family planning & prenatal care complement services offered by the Government Health Insurance Plan; immunizations; HIV perinatal counseling and testing; treatment with AZT; genetic counseling and clinics; neonatal screening for inborn errors of metabolism program; Hemophilia Program; Early Intervention; NICU; pediatric hospital high risk perinatal services, Universal Newborn Hearing Screening, Title X, Pro Familia, and others. Enabling services include all the services provided by the Home Visiting Nurse; Care Coordination for CSHCN; WIC; Outreach; Early Head Start, Post-Partum Education & Referrals; Catastrophic Illness Funds; Naranjito Adolescent Program, the Sexual Assault Victim Center, Patient Ombudsman, ABCD Academy Initiative, Preconceptive Health Pilot Project and others. As required by law, the PRDoH has a Toll Free Line 1-800-981-5721 to provide information about availability of health care and other services to the population. As a result of the Health Care Reform, the Health Insurance Administration (ASES) as well as every contracted health insurance company are required to operate a toll-free line (TFL) for beneficiaries. Currently, there are several Toll Free Lines available for clients and services providers: ASES 1-800-981-2737, Triple C 1-800-981-1352 and 1-800-255-4375, MCS 1-800-981-2554, Humana 1-800-790-7305, 1-877-PR-LACTA (775-2282), APNI 1-800-981-8492, Patient Ombudsman 1-800-981-0031, Poison Center 787-726-5660, 787-726-5674 and 1-800-222-1222.

b. Population-Based Services:
(max 2500 characters)

The services included in the population based category are newborn screening for hereditary diseases; immunization; public health education; NTDs Prevention Campaign; injury prevention; sexual abstinence education; newborn screening for developmental delay (Law 51); Comprehensive Adolescent Health Program; Universal Hearing Screening Program; Oral Health; Sexual Assault Victims Intervention Center; Niños y Jovenes Activos Bien Nutridos y Saludables Obesity Prevention Alliance.

c. Infrastructure Building Services:
(max 2500 characters)

Infrastructure services includes services related with the needs assessment; policy development activities, health services planning, quality assurance, standard development, professional development for MCH/CSHCN providers, Birth Defects Surveillance System, Healthy Start Consortium, MOA among WIC, Medicaid & MCH Programs, Interagency Network for Prevention of Child Abuse & Neglect, Parent Information Center (APNI), Association of Spina Bifida, Down Syndrome Foundation, Interagency Agreements for Early Intervention, University Affiliated Program Center of Excellence (UAP Program), Regional Boards, LACTA Project, EMSC, Comprehensive Adolescent Health Program (CAHP); Title V Evaluation & Informatics Section; March of Dimes Chapter of PR Partnership; MOD Prematurity Taskforce; Fetal Infant Mortality Review Board; Health Services Administration (ASES); Health Insurance Companies and their Network of Providers, School of Public Health, Asthma Coalition, Asthma Surveillance System; Infant Mortality Surveillance System; Infant Mortality Committee; Maternal Mortality Surveillance System; Perinatal Guidelines Review Committee; Interagency Committee for Domestic Violence Prevention Public Policy; Family Voices Puerto Rico Chapter; Suicide Prevention Interagency Commission; Genetic Training for Parents and Professionals; Autism Commission; Health Care Consulting Group; Applied Investigation; Medical Home; Early Childhood Comprehensive System (ECCS); Kids Count; Breastfeeding Promotion Committee; Preconceptional Health Committee, Committee for the Review of Preventive Health Guidelines for Women of Reproductive Age and many others.

12. The primary Title V Program contact person:

Name Himirce Vázquez Rivera, MD
 Title MCH Division Director
 Address PO Box 70184
 City San Juan
 State PR
 Zip 00936-8184
 Phone (787) 274-5679
 Fax (787) 294-0726
 Email hvazquez@salud.gov.pr
 Web _____

13. The children with special health care needs (CSHCN) contact person:

Name Naydamar Pérez de Otero, MD, MPH
 Title CSHCN Director
 Address PO Box 70184
 City San Juan
 State PR
 Zip 00936-8184
 Phone (787) 274-5660
 Fax (787) 274-3301
 Email nperez@salud.gov.pr
 Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: PR

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	96.3	96.5	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	23	24	17	28	18
Denominator	23	24	17	28	18
Data Source					PR Hereditary Disease and Newborn Screening Prog.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Data for Fiscal Year 2007-2008 provided by the Puerto Rico Hereditary Disease and Newborn Screening Program.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 Data provided by the Puerto Rico Hereditary Disease and Newborn Screening Program.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>0</u>	<u>45</u>	<u>49</u>	<u>51</u>	<u>54</u>
Annual Indicator	<u>44.8</u>	<u>44.8</u>	<u>44.8</u>	<u>44.8</u>	<u>44.8</u>
Numerator	<u>162</u>	<u>162</u>	<u>162</u>	<u>162</u>	<u>162</u>
Denominator	<u>362</u>	<u>362</u>	<u>362</u>	<u>362</u>	<u>362</u>
Data Source					2005 Family Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>57</u>	<u>57</u>	<u>58</u>	<u>59</u>	<u>59</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

For this performance measure the data reported in 2006 is pre-populated with data from 2005. This data was obtained from a family survey implemented at the Pediatric Centers in February 2005. This is the first intent made to obtain baseline data for this performance measure. The results are specific for the Pediatric Centers' population and cannot be generalized to the population of CSHCN in Puerto Rico.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	41	43	45	46
Annual Indicator	38.7	38.7	38.7	38.7	38.7
Numerator	127	127	127	127	127
Denominator	328	328	328	328	328

Data Source

2005 Family Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	48	49	49	49	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

For this performance measure the data reported in 2006 is pre-populated with the data from 2005. This data was obtained from a family survey implemented at the Pediatric Centers in February 2005. This is the first intent made to obtain baseline data for this performance measure. The results are specific for the Pediatric Centers' population and cannot be generalized to the population of CSHCN in Puerto Rico.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	18	19	20	21
Annual Indicator	17.0	17.0	17.0	17.0	17.0
Numerator	53	53	53	53	53
Denominator	311	311	311	311	311
Data Source					2005 Family Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	22	23	23	23	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

For this performance measure the data reported in 2006 is pre-populated with the data from 2005. This data was obtained from a family survey implemented at the Pediatric Centers in February 2005. This is the first intent made to obtain baseline data for this performance measure. The results are specific for the Pediatric Centers' population and cannot be generalized to the population of CSHCN in Puerto Rico.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>0</u>	<u>70</u>	<u>71</u>	<u>73</u>	<u>75</u>
Annual Indicator	<u>68.0</u>	<u>68.0</u>	<u>68.0</u>	<u>68.0</u>	<u>68.0</u>
Numerator	<u>246</u>	<u>246</u>	<u>246</u>	<u>246</u>	<u>246</u>
Denominator	<u>362</u>	<u>362</u>	<u>362</u>	<u>362</u>	<u>362</u>
Data Source					2005 Family Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>76</u>	<u>77</u>	<u>77</u>	<u>77</u>	<u>77</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

For source information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

For this performance measure the data reported in 2006 is pre-populated with the data from 2005. This data was obtained from a family survey implemented at the Pediatric Centers in February 2005. This is the first intent made to obtain baseline data for this performance measure. The results are specific for the Pediatric Centers' population and cannot be generalized to the population of CSHCN in Puerto Rico.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	10	12	14	16
Annual Indicator	9.1	9.1	9.1	9.1	9.1
Numerator	9	9	9	9	9
Denominator	99	99	99	99	99
Data Source					2005 Family Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	18	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

For this performance measure the data reported in 2006 is pre-populated with the data from 2005. This data was obtained from a family survey implemented at the Pediatric Centers in February 2005. This is the first intent made to obtain baseline data for this performance measure. The results are specific for the Pediatric Centers' population and cannot be generalized to the population of CSHCN in Puerto Rico.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	92	93	94.5	95	95.5
Annual Indicator	92.7	94.5	94.5	91.2	91.2
Numerator	921	926	926	903	903
Denominator	994	980	980	990	990
Data Source					PR Immunization Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	96	96.5	96.5	96.5	96.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

Data from the Immunization Coverage Study provided by the PR Immunization Program of the Department of Health corresponding to the year 2007. This study surveyed children 35 months of age.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the Immunization Coverage Study provided by the PR Immunization Program of the Department of Health corresponding to the year 2007. This study surveyed children 35 months of age.

3. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the Immunization Coverage Study provided by the PR Immunization Program of the Department of Health, corresponding to year 2005.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	39.2	37.7	36.2	34.7	33.2
Annual Indicator	41.1	40.5	39.1	36.4	33.8
Numerator	3,656	3,561	3,433	3,223	2,995
Denominator	89,014	88,032	87,842	88,494	88,668

Data Source

Birth Certificate
OITA

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	31.7	30.2	30.2	30.2	30.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007.

2008 Numerator: Data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Preliminary data obtain from the Office of Informatics and Technology Advances (OITA) of the Department of Health. Denominator: Population estimates of the US Census.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	10	6	6.5	7
Annual Indicator	5.9	4.7	3.7	5.1	7.6
Numerator	7,067	5,599	4,283	5,805	8,486
Denominator	119,976	118,237	117,161	114,666	111,098
Data Source					Health Insurance Commissioner and US Census
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7.5</u>	<u>8</u>	<u>8.5</u>	<u>9</u>	<u>9.5</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2006

Field Note:

Data regarding the grade in which the children are enrolled is not available in the billing forms. The reported number is an estimation based on the information provided by the Health Insurance Commissioner and the Administration of the GIP that reflects the number of 8 to 9 year old children who received protective sealants on at least one permanent molar tooth during the last year (2006).

Data on the denominator is the estimated population of children of 8 and 9 years old in PR according to the US Census.

We recommend that this performance measure be revised to include age instead of grade in school.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	1.9	1.8	1.7	0.9
Annual Indicator	2.8	1.3	1.0	1.1	1.6
Numerator	24	11	8	9	13
Denominator	865,067	851,730	839,172	825,576	806,246
Data Source					Death Certificate OITA
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Numerator: Data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

For source of information refer to 2006 notes.

Data provided for 2006. Vital Statistics data for 2007 is very preliminary. Data provided by Police and Institute of Forensic Science shows no significant change compared to 2006 data. Once 2007 data is final it is expected to resemble 2006.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator Source: Office of Informatics and Technology Advances (OITA) of the Department of Health.

Denominator Source: US Census

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			12.5	13	28
Annual Indicator		21.7	26.5	26.5	28.2
Numerator		89	185	185	248
Denominator		410	697	697	880

Data Source

ESMIPR

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	29	30	31	32	33

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Source of information from the 2008 ESMIPR (PRAMS like survey) from the MCH Program.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data provided was obtained from the 2006 ESMIPR.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

In 2005 we inadvertently reported for the annual indicator in this performance measure the value that corresponded to the percent of breastfeeding infants at 12 months of age. The correct value for 2005 was 22 percent as reported in the narrative part. The data was provided from ESMIPR 2004. The 2006 data was obtained from the 2006 ESMIPR (PRAMS like survey) follow up telephone interview conducted by the MCH Division of the PR Department of Health six months after the initial postpartum survey.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	50	80	90	98
Annual Indicator	25.3	74.5	85.0	97.5	97.9
Numerator	12,989	37,774	41,425	44,965	44,245
Denominator	51,239	50,687	48,747	46,096	45,193
Data Source					PR Hearing Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	99	99	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 provided by the Hearing Screening Program from the Puerto Rico Health Department.

- Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator: The number of births reported for 2007 is based on the number of births registered in the Demographic Registry Office through the Inscriptions Report. The annual performance objectives for 2008 to 2011 were revised. Annual performance objective for 2012 was added.

- Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Denominator: The number of births reported for 2006 is preliminary and is based on the number of births registered in the Demographic Registry Office. The annual performance objectives for 2007-2011 were revised.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	0.3
Annual Indicator	1.3	1.6	0.3	0.4	0.4
Numerator	15,136	18,384	3,407	4,522	4,319
Denominator	1,164,353	1,149,039	1,135,559	1,121,697	1,104,427
Data Source					PR Head Start Prog. and US Census
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0.3</u>	<u>0.3</u>	<u>0.3</u>	<u>0.3</u>	<u>0.3</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2008
Field Note:
 Data fro 2008 provided by the Puerto Rico Head Start Program and the US Census Bureau.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2006
Field Note:
 The estimate for this performance measure was done using the Head Start health insurance data. According to this data, 0.34% of enrolled children did not have a health insurance plan. We assume that Head Start children are low income children in Puerto Rico. They represent the maximum number of children without health insurance. The denominator was the population estimation (0-19 years old) as of July 2006 and was obtained from the US Census Bureau.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			13	39	38
Annual Indicator		40.3	41.6	39.7	39.0
Numerator		40,159	35,112	30,647	38,372
Denominator		99,649	84,388	77,219	98,391
Data Source					PR WIC Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	37	36	35	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 calculated based on data provided by PR WIC Program of the Department of Health for the period of January to December 2007.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Data for 2007 calculated based on data provided by PR WIC Program of the PR Department of Health for the period of October 2006 to September 2007.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Data provided by the PR WIC Program of the PR Department of Health.

Data for 2006.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			2.7	2.6	1.4
Annual Indicator		2.0	1.6	1.1	1.1
Numerator		20	31	20	20
Denominator		1,004	1,904	1,876	1,876

Data Source

ESMIPR

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.4	1.4	1.4	1.4	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from the 2008 ESMIPR Survey (PRAMS like adapted version), which is conducted by the MCH Program of the PR Department of Health.

- 2.
- Section Number:**
- Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data obtained from the 2008 ESMIPR Survey (PRAMS like adapted version), which is conducted by the MCH Division of the PR Department of Health.

- 3.
- Section Number:**
- Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data obtained from the 2006 ESMIPR Survey (PRAMS like adapted version), which is conducted by the MCH Division of the PR Department of Health. Data reported last year, corresponds to ESMIPR 2004 Survey.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	3	2.5	1.5	1	1
Annual Indicator	2.7	2.0	2.4	2.4	3.0
Numerator	8	6	7	7	9
Denominator	299,286	297,283	296,387	297,823	298,181
Data Source					Death Certificate OITA
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007, number of events is less than 5 cases. For source of information refer to 2006 notes.

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Office of Informatics and Technology Advances (OITA) of the Department of Health. Data for 2006 is preliminary.

Denominator: Population estimates of the US Census for 2006.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	79	55	45	47	49
Annual Indicator	45.5	42.3	44.6	43.4	39.1
Numerator	340	311	325	283	268
Denominator	747	736	729	652	686

Data SourceBirth Certificate
OITA

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	51	53	55	57	59
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health. A panel of experts in neonatology of the Pediatric University Hospital provided a list of Level II and III NICUS available in the Island. A Revisor Committee was established to provide a more precise data of the levels of perinatal care in PR.

- 2.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

- 3.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

A panel of experts in neonatology of the Pediatric University Hospital provided a list of Level II and Level III NICUS available in the Island. A Revisor Committee was established to provide a more precise data of the levels of perinatal care in PR.

Data for 2005 provided by the Office of Informatics and Technology Advances (OIAT) of the Department of Health. Data of 2006 is preliminary.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	86	87	88	89
Annual Indicator	83.2	71.6	82.0	81.9	82.7
Numerator	42,594	36,285	39,199	37,270	36,675
Denominator	51,223	50,687	47,806	45,486	44,339
Data Source					Birth Certificate OITA
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	91	92	93	94
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data fro 2008 provided by the Office of Informatics and Technology Advances (OITA) o f the Department of Health.

In 2008, 2.7% (936) of the women who delivered did not answer the question and were regarded as missing values for this field in the birth certificate. The reported number reflects the proportion of women who provided an answer for the question.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator and Denominator: Preliminary data provided by the Office on Informatics and Technology Advances (OITA) of the Department of Health.

Beginning in 2005, changes were introduced to the birth certificate. The earlier version of the birth certificate asked the woman the month of pregnancy when she started prenatal care, while the new version asks her the date when she began prenatal care.

In 2006, 11.2% (3470) of the women who delivered did not answer the question and were regarded as missing values for this field in the birth certificate. The reported number reflects the proportion of women who provided an answer for the question.

STATE PERFORMANCE MEASURE # 1

The number of HIV positive pregnant women treated with AZT.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	82.5	93.2	94.0	98.7	100.0
Numerator	66	69	78	76	56
Denominator	80	74	83	77	56
Data Source					Pediatric HIV AIDS program
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

For source of information refer to 2006 notes.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data provided by the Pediatric HIV/AIDS program for CY 2006.

STATE PERFORMANCE MEASURE # 2

Establish a Home Visiting program in at least 90% of the Island by the year 2,010.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator	94.9	94.9	93.6	89.7	93.6
Numerator	74	74	73	70	73
Denominator	78	78	78	78	78
Data Source					Home Visiting Program
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

For source of information refer to 2006 notes.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Reported data as of December 31, 2006, MCH Division of the PR Department of Health.

This measure will be changed next year to a more specific one.

STATE PERFORMANCE MEASURE # 3

Prevalence of tobacco use among pregnant women

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.5	1.5	1.5	1.5
Annual Indicator	3.6	3.6	2.7	2.0	2.0
Numerator	36	36	52	38	38
Denominator	1,004	1,004	1,904	1,876	1,876
Data Source					ESMIPR
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data collected through the ESMIPR Survey conducted in 2008, MCH Division of the Puerto Rico Department of Health.

2. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data collected through the PRAMS like survey conducted in 2008, MCH Division of the Puerto Rico Department of Health.

3. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data collected through the PRAMS like survey conducted in 2006, MCH Division of the Puerto Rico Department of Health. Data reported last year, corresponds to ESMIPR 2004 Survey.

STATE PERFORMANCE MEASURE # 4

The birth rate among girls 10-14 years of age

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.1	1	1	1
Annual Indicator	1.5	1.4	1.2	1.1	1.0
Numerator	216	206	170	164	146
Denominator	148,916	148,457	147,621	146,465	144,527
Data Source					Birth Certificate OITA
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Office of Informatics and Technology Advances (OITA) of the Department of Health. Data for 2006 is preliminary.

STATE PERFORMANCE MEASURE # 5

The rate of cesarean section in Puerto Rico

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	40.4	38.2	36	34.8	32.6
Annual Indicator	47.7	48.1	48.3	49.3	48.5
Numerator	24,458	24,390	23,563	23,011	22,089
Denominator	51,223	50,687	48,740	46,719	45,569
Data Source					Birth Certificate OITA
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	30.4	28.2	26	23.8	21.6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2008
Field Note:
 Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.
- Section Number:** Form11_State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form11_State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

STATE PERFORMANCE MEASURE # 6

Develop and maintain an active surveillance system for at least 55 birth defect diagnoses by 2010.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			87	87	87
Annual Indicator	69.1	69.1	69.1	78.2	87.3
Numerator	38	38	38	43	48
Denominator	55	55	55	55	55
Data Source					Birth Defect Surveillance System
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 provided by the Birth Defects Surveillance System of the Puerto Rico Department of Health.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

The source of both the numerator and denominator is the BDSS.

3. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2006

Field Note:

The Birth Defects Surveillance System (BDSS) continues with population based active surveillance activities for 38 birth defects diagnoses in 100% of birthing hospitals, and at four pediatric hospitals in the Island. We were able to add 5 more birth defects starting January 1st, 2007. These defects are: single ventricle, double outlet right ventricle, hipspadias, epispadias, and Jarcho-Levin syndrome.

STATE PERFORMANCE MEASURE # 7

Reduce the prevalence at birth of neural tube defects (NTD's)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	3	6	6
Annual Indicator	5.2	10.3	7.4	10.5	7.7
Numerator	27	52	36	49	36
Denominator	51,776	50,687	48,744	46,717	46,717
Data Source					Birth Defect Surveillance System
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2006 and 2007. The source of the 2008 numerator is the BDSS, and the source of the denominator is the Vital Statistics Live Birth Certificates. For year 2008 the denominator was estimated using the counts from 2007.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source of the numerator is the BDSS, and the source of the denominator is the Vital Statistics Live Birth Certificates.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

The annual objective and performance data was revised after a validation effort of our datasets. Therefore, our annual indicators are higher than shown on the table; for 2004 the annual indicator was 8.4. The Birth Registry final database for 2005 is preliminary; we are in the process of gathering data from the 2005 vital statistics to perform record linkage between the data bases. The 2006 prevalence ratio is provisional since the total live births for 2006 is not available yet, so it was estimated from the Birth Registry 2005 data. We are also awaiting data from August to December from two municipalities.

STATE PERFORMANCE MEASURE # 8

The rate of deaths to children aged 1-14 caused by asthma

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	0.2	0.2	0.2	0.1	0.1
Annual Indicator	0.2	0.2	0.1	0.4	0.1
Numerator	2	2	1	3	1
Denominator	815,120	803,507	791,992	774,347	758,825
Data Source					Death Certificate OITA
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>	<u>0.1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator: Preliminary data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

Denominator: Population estimate obtained from the US Census for Puerto Rico.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: PR

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>8.7</u>	<u>8.4</u>	<u>8.1</u>	<u>7.8</u>	<u>7.5</u>
Annual Indicator	<u>8.1</u>	<u>9.3</u>	<u>9.1</u>	<u>8.3</u>	<u>7.5</u>
Numerator	<u>416</u>	<u>471</u>	<u>442</u>	<u>387</u>	<u>342</u>
Denominator	<u>51,223</u>	<u>50,687</u>	<u>48,744</u>	<u>46,719</u>	<u>45,569</u>
Data Source					Death and Birth Certificate OITA
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7.2</u>	<u>6.9</u>	<u>6.6</u>	<u>6.3</u>	<u>6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Updated data for 2006 and 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective		0	0	0	0
Annual Indicator	NaN	0	0	0	0
Numerator	0				
Denominator	0				
Data Source					N/A

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

This does not apply to PR.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

This does not apply to PR

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

This does not apply to PR

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6.7	6.5	6.3	6.1	5.9
Annual Indicator	6.1	6.6	6.8	5.9	5.4
Numerator	310	332	332	275	246
Denominator	51,223	50,687	48,744	46,719	45,569
Data Source					Death and Birth Certificate OITA
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.7	5.5	5.3	5.1	4.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2008
Field Note:
 Updated data for 2006 and 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.4	2.3	2.2	2.1
Annual Indicator	2.0	2.7	2.3	2.4	2.1
Numerator	102	139	110	112	96
Denominator	51,223	50,687	48,744	46,719	45,569

Data Source

Death and Birth
Certificate OITA

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	2	1.9	1.8	1.7	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.6	8.3	7.5	7.7	7.4
Annual Indicator	7.8	8.3	9.4	8.8	6.6
Numerator	405	423	461	412	302
Denominator	51,628	51,235	48,949	46,918	45,636
Data Source					Death/Fetal and Birth Certificate OITA
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7.1</u>	<u>6.8</u>	<u>6.5</u>	<u>6.2</u>	<u>5.9</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2008
Field Note:
 Updated data for 2006 and 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	16	15	14	13	12
Annual Indicator	15.2	13.6	13.1	13.8	11.2
Numerator	124	109	104	107	85
Denominator	815,120	803,507	791,992	774,347	758,825

Data Source

Death Certificate
OITA

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10	9	8	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator and Denominator: Preliminary data provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

STATE OUTCOME MEASURE # 1

The maternal mortality rate per 100,000 live births

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator	17.6	5.9	4.1	8.6	4.4
Numerator	9	3	2	4	2
Denominator	51,223	50,687	48,744	46,719	45,569
Data Source					Death and Birth Certificate OITA
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2. Section Number: Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

Maternal Mortality according to IC-10 code O. According to death certificate additional maternal deaths are suggested and under investigation.

3. Section Number: Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

These women causes of death identified from death files, were related to pregnancy, childbearing and puerperium (ICD-10 codes from O-00 to O-99.8). Studies conducted in Puerto Rico (Comas and Others, 1982) found that reports of maternal deaths based on death certificates are usually underestimated and actual numbers are two to three times greater.

The MCH Monitoring and Evaluation Section thru Maternal Mortality Surveillance System analyze in a continuous basis death files and patient charts in order to identify the correct number of maternal deaths occurred every year. This Information is discussed with the Maternal Mortality Review Committee for appropriate suggestions and feedback.

Numerator: Death files, provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health. Data for 2006 is preliminary.

Denominator: Birth files, provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health. Data for 2006 is preliminary.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: PR

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PR FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To improve maternal health.
2. To reduce unintended pregnancies.
3. To improve pediatric health.
4. To reduce teen pregnancies.
5. To prevent and reduce behavioral risk factors such as smoking, alcohol use and substance abuse among teens and pregnant women.
6. To reduce unintentional injuries.
7. To increase availability and accessibility to preventive and quality primary and specialty health care services for the MCH/CSHCN populations.
8. Decrease morbidity and mortality due to bronchial asthma.
9. Improve coordination among health care plans, primary physicians and the Pediatric Centers.
10. Promote successful transition of youth with special health care needs to adult life.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: PR

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	In 2009-2010, the states, territories and jurisdictions will have to carry out the comprehensive and required 5 years needs assessment.	We consider vital a TA concerning the needs assessment of the population we serve to design the most appropriate process to gather the needed information and select priorities.	Donna Petersen or William Sappenfield
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: PR

SP # 1

PERFORMANCE MEASURE:

The number of HIV positive pregnant women treated with AZT.

STATUS:

Active

GOAL

To reduce the rate of perinatal HIV transmission

DEFINITION

The number of pregnant women whose HIV screening test result was positive and received AZT of the total number of pregnant women whose HIV screening test result was positive.

Numerator:

Number of pregnant women whose HIV screening test result is positive and was treated with received AZT.

Denominator:

Total number of HIV + women who have a live birth

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pediatric AIDS program reports and vital statistics

SIGNIFICANCE

Puerto Rico is among the first 5 states and jurisdictions with the highest prevalence of HIV/AIDS. Among Puerto Rican women, the most common route of infection is heterosexual transmission. In contrast, their partners are most commonly infected through intravenous drug use. It has been found that AZT treatment during pregnancy, at the time of delivery and postnatally reduce the percentage of HIV infected infants. Based on these facts P.R. has established a public policy aimed at reducing the rate of perinatal HIV transmission.

SP # 2

PERFORMANCE MEASURE:

Establish a Home Visiting program in at least 90% of the Island by the year 2,010.

STATUS:

Active

GOAL

To establish a home visiting program for at risk pregnant women and children under 3 years of age

DEFINITION

The number of municipalities participating in the home visiting program of the total municipalities in the Island.

Numerator:

Number of municipalities participating in the program

Denominator:

Total number of municipalities in the Island

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State Title V application and annual report of P.R. will provide information concerning the progress of the implementation of the home visiting program in the areas where the health care reform has been established.

SIGNIFICANCE

Home visiting programs have been a very effective strategy for improving birth outcomes and infant mortality rates.

SP # 3

PERFORMANCE MEASURE:

Prevalence of tobacco use among pregnant women

STATUS:

Active

GOAL

To determine the prevalence of tobacco use among pregnant women by health regions

DEFINITION

Percent of women who report that smoked during pregnancy the total of women participating in the survey. ESMIPR; PRAMS-like)

Numerator:

Number of women surveyed who report that smoked during pregnancy.

Denominator:

Total number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Analysis of a sample of pregnant women by health regions surveyed for tobacco use during pregnancy.

SIGNIFICANCE

Cigarette smoking has been well established as a risk factor for LBW and IUGR; an estimated 25 percent of pregnant women smoke throughout their pregnancies in the U.S. If all pregnant women refrained from smoking, fetal and infant deaths would be reduced by 10%, saving about 15 infants per year in P.R. The relative risk for LBW among smokers compared to nonsmokers has been estimated to be about 2.42. The Institute of Medicine considers cigarette use to be the clearest risk factor for LBW delivery. In P.R., LBW has maintained a sustained increase since 1988. Therefore, it is crucial for us to determine the percentage of smoking during pregnancy by health regions. Having this information, specific strategies can be developed to prevent smoking during pregnancy and consequently reduce the percentage of LBW and infant mortality rate in the Island.

SP # 4

PERFORMANCE MEASURE:

The birth rate among girls 10-14 years of age

STATUS:

Active

GOAL

To reduce the birth rate among girls 10-14 years of age

DEFINITION

The number of live birth born to girls 10-14 per one thousand girls 10-14 years old.

Numerator:

Number of live births to girls 10-14 years of age

Denominator:

Number of girls in the Island 10-14 years of age

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics and census data

SIGNIFICANCE

The adverse health and socioeconomic consequences of pregnancy and childbearing in early adolescence are well recognized. Teenage mothers are more likely than older women to receive inadequate prenatal care and to experience more complications of pregnancy and delivery. In addition, their babies are at higher risk of LBW, prematurity morbidity and mortality. On the other hand adolescent mothers are more likely than older women to leave high school before graduation, to have decreased earning potential and to live in poverty. In addition, early sexual engagement can result in a higher risk for STD's. Monitoring of this performance measure will allow us to assess several interventions aimed at improving the health and well being of children and adolescents, including the abstinence education program.

SP # 5

PERFORMANCE MEASURE:

The rate of cesarean section in Puerto Rico

STATUS:

Active

GOAL

To decrease the rate of cesareans section in Puerto Rico.

DEFINITION

The number of cesarean performed in a calendar year per one thousand live births registered in a calendar year.

Numerator:

The number of cesareans performed in a calendar year.

Denominator:

The number of live births registered in a calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth certificates are the source of data.

SIGNIFICANCE

In Puerto Rico, the issue of cesarean section has been a concern for policymakers, professional associations, the general public and investigators as well. The trend in cesarean section is alarming. Almost 4 out of 10 live births are delivered by cesarean section. Cesarean section contributes to increases in morbidity and mortality in both women and their infants. In Puerto Rico, it appears that the main contributing factor for c/s is convenience and not medical or obstetrical factors. A Task Force was created to evaluate the clinical and non clinical factors contributing to the high rates of c/s on the Island.

SP # 6

PERFORMANCE MEASURE:

Develop and maintain an active surveillance system for at least 55 birth defect diagnoses by 2010.

STATUS:

Active

GOAL

To expand and maintain the surveillance system for the identification of 55 birth defect diagnoses in the Island.

DEFINITION

The number of birth defects tracked by the Birth Defect Surveillance System.

Numerator:

Number of birth defect diagnoses tracked by the Birth Defects Surveillance System for reporting year.

Denominator:

Number of birth defect diagnoses to be tracked by the Birth Defects Surveillance System by 2010.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth Defects Surveillance System. The State Title V application and annual report for Puerto Rico provide information concerning the progress on this performance measure.

SIGNIFICANCE

Birth Defects are the second cause of infant mortality in Puerto Rico according to Vital Statistics data for 2002. Comprehensive surveillance and result dissemination on birth defects are the foundation to expand efforts to reduce the number of birth defects.

SP # 7

PERFORMANCE MEASURE:

Reduce the prevalence at birth of neural tube defects (NTD's)

STATUS:

Active

GOAL

To reduce the prevalence at birth of neural tube defects

DEFINITION

The number of live births, stillbirths, abortions, and pregnancy termination of any gestational age reported with neural tube defects; Spina Bifida, Encephalocele and Anencephaly of the total of live births plus the number of stillbirths during the reporting year.

Numerator:

Number of live births, stillbirths and abortions reported with neural tube defects; Spina Bifida, Encephalocele and Anencephaly

Denominator:

Number of live births during the reporting year.

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16.15 Reduce the occurrence of spina bifida and other Neural Tube Defects (NTDs).

DATA SOURCES AND DATA ISSUES

Birth defects surveillance system (active surveillance) and Vital records. Cases were linked and confirmed by record abstraction. The measure is a ratio per 10,000 live births. The population-based data is systematically collected in a timely fashion. The prevalence at birth is the preferred measure of frequency of birth defects, this will produce an estimate that would more closely approximate the true incidence rate.

SIGNIFICANCE

The measure wording was revised to be in accordance with the objective 16.15 from the Healthy People 2010 objective. The NTD prevalence at birth rate in PR for 2004 was 8.6/10,000; we have confirmed a 47% reduction since 1996. Congenital anomalies are the second leading cause of infant mortality in the Island. This is a preventable condition. The monitoring of this measure will allow us to evaluate the effectiveness of the Islandwide campaign of folic acid supplementation among Women of childbearing age in Puerto Rico during the last 12 years.

SP # 8

PERFORMANCE MEASURE:

The rate of deaths to children aged 1-14 caused by asthma

STATUS:

Active

GOAL

To reduce the rate of deaths to children aged 1-14 caused by asthma

DEFINITION

The number of death to children 1-14 cause by asthma per one hundred thousand children 1-14 years old.

Numerator:

Number of deaths caused by asthma in the age group.

Denominator:

Number of children 1-14 years of age.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics and census data

SIGNIFICANCE

As mentioned elsewhere in the needs assessment, asthma is one of the most common chronic conditions affecting children in P.R. It causes a significant proportion of school absenteeism, emergency room visits, hospitalizations and deaths secondary to respiratory failure.

SO # <u>1</u>	
OUTCOME MEASURE:	The maternal mortality rate per 100,000 live births
STATUS:	Active
GOAL	To reduce the maternal mortality rate
DEFINITION	<p>Number of deaths of women while pregnant or within one year of termination of pregnancy, irrespective of duration and the site of pregnancy, from any cause related or aggravated by the pregnancy or its management, but not from accident or incidental per one thousand live births.</p> <p>Numerator: Number of maternal deaths</p> <p>Denominator: Number of live births</p> <p>Units: 100000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Vital records collected by the state
SIGNIFICANCE	Understanding the characteristics of women who died as a result of pregnancy complications and the risk factors for pregnancy related deaths is essential if we are to develop strategies to prevent both mortality and morbidity associated with pregnancy complications.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: PR

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2004	2005	<u>Annual Indicator Data</u>		
	2006	2007	2008		
Annual Indicator	519.1	683.7	586.9	437.0	294.4
Numerator	13,799	17,618	14,766	10,820	7,121
Denominator	265,820	257,697	251,604	247,624	241,858

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

For source of information refer to 2006 notes.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data for the numerator is preliminary from ASES and OCS since they are still revising the data.

The denominator is the annual estimate of the population on July 1, 2006 as reported by the US Census Bureau for Puerto Rico.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>12.1</u>	<u>57.9</u>	<u>70.8</u>	<u>91.7</u>	<u>91.5</u>
Numerator	<u>2,949</u>	<u>14,051</u>	<u>15,489</u>	<u>15,770</u>	<u>18,678</u>
Denominator	<u>24,374</u>	<u>24,269</u>	<u>21,886</u>	<u>17,191</u>	<u>20,419</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data represents the GIP sector only. It was provided by the Health Insurance Administration.

The GIP eligible population for 2008 was 1,461,005 and 27,953 were infants. This represents 1.9% eligible infants. On the other hand, the GIP insured population was 1,412,195; of these, 25,195 were insured infants. These infants correspond to 1.8% of the total GIP insured population. The data show that children less than one year old represent about 1.9% of the eligible population and 1.8% of the total insured population.

Based on the assumption that Medicaid funds in PR are used exclusively to pay for services targeted at the population below 100 SPL, it can be said that the eligible population below 100 SPL were 1,074,707 and those insured were 1,037,644. Therefore, the eligible infants below 100 SPL were 20,419 ($1,074,707 \times 0.019$) and the insured infants were 18,678 ($1,037,644 \times 0.018$).

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

The children less than one year old represent about 1.6% of the eligible population and 1.5% of the total insured population.

Assuming that in PR the Medicaid funds are used to pay the population below 100 SPL, the eligible population below 100 SPL (Medicaid) were 1,023,847 and those insured were 1,106,145.

The numerator and denominator represent the 1.5% and 1.6% of children under 1 year old and below of the 100 SPL eligible and insured for the GIP, respectively.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Data represents the GIP infant population. It was provided by the Health Insurance Administration (ASES).

The numerator is the number of infants who received at least one initial screening service. The denominator is the total number of eligible infants in the GIP for year 2006.

Since ASES do not provide the number of Medicaid and SCHIP individually, the reported data includes GIP participants less than 1 year old.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.0</u>	<u>57.9</u>	<u>70.8</u>	<u>91.7</u>	<u>91.9</u>
Numerator	<u>731</u>	<u>14,051</u>	<u>15,489</u>	<u>5,403</u>	<u>6,742</u>
Denominator	<u>24,374</u>	<u>24,269</u>	<u>21,886</u>	<u>5,891</u>	<u>7,340</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 represents the Government Insurance Plan sector only. It was provided by the Health Insurance Administration.

The GIP eligible population for 2008 was 1,461,005 and 27,953 were infants. This represents 1.9% eligible infants. On the other hand, the GIP insured population was 1,412,195; of these, 25,195 were insured infants. These infants correspond to 1.8% of the total GIP insured population. The data show that children less than one year old represent about 1.9% of the eligible population and 1.8% of the total insured population.

Based on the assumption that SCHIP funds in PR are used exclusively to pay for services targeted at the population between 101 thru 200 SPL, it can be said that the eligible population was 386,298 and those insured were 374,551. Therefore, the eligible infants between 101 thru 200 SPL were 7,340 ($386,298 \times 0.019$) and the insured infants were 6,742 ($374,551 \times 0.018$).

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

The children less than one year old represent about 1.6% of the eligible population and 1.5% of the total insured population.

Assuming that the SCHIP funds are used to pay the population between 101 thru 200 SPL, the total eligible population was 350,825 and the total insured population was 379,025.

The numerator and denominator represent the 1.5% and 1.6% of children under 1 year old between 101 thru 200 eligible and insured for the GIP, respectively.

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Data represents the GIP infant population. It was provided by the Health Insurance Administration (ASES).

The numerator is the number of infants who received at least one initial screening service according to the EPSDT. The denominator is the total number of eligible infants enrolled in the GIP for year 2006. Since ASES do not provide the number of Medicaid and SCHIP individually, the reported data includes GIP participants less than 1 year old.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>84.2</u>	<u>81.6</u>	<u>81.6</u>	<u>82.7</u>	<u>83.5</u>
Numerator	<u>25,799</u>	<u>36,810</u>	<u>36,816</u>	<u>35,648</u>	<u>35,694</u>
Denominator	<u>30,655</u>	<u>45,130</u>	<u>45,130</u>	<u>43,121</u>	<u>42,762</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA).

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

The Kotelchuck Index is a composed indicator to measure adequacy of prenatal care. It uses two crucial elements obtained from birth certificate data: the date when prenatal care began (initiation) and the number of prenatal visits until delivery. Data for 2005 is final.

Numerator: data provided by the Office of Informatics and Technology Advances (OIAT) of the PR Department of Health.

Denominator: data provided by the Office of Informatics and Technology Advances (OIAT) of the PR Department of Health.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>16.5</u>	<u>96.9</u>	<u>95.5</u>	<u>96.7</u>	<u>97.0</u>
Numerator	<u>98,891</u>	<u>568,857</u>	<u>535,239</u>	<u>506,826</u>	<u>461,764</u>
Denominator	<u>599,177</u>	<u>587,041</u>	<u>560,295</u>	<u>524,288</u>	<u>475,893</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data provided for this performance measure for the calendar year 2008 was using as numerator the total number of children 1-19 years old who received services through the GIP. The denominator was the number of children 1-19 years of age potentially eligible for the GIP for the corresponding year. The data was provided by the PR Health Insurance Administration (ASES).

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data provided for this performance measure for the year 2006 was using as numerator the total number of children 1-20 years old who received services through the GIP. The denominator was the number of children 1-20 years of age potentially eligible for the GIP for the corresponding year. The data was provided by the PR Health Insurance Administration (ASES).

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>29.7</u>	<u>36.5</u>	<u>60.3</u>	<u>48.7</u>	<u>18.0</u>
Numerator	<u>87,391</u>	<u>52,439</u>	<u>64,311</u>	<u>54,343</u>	<u>35,988</u>
Denominator	<u>294,373</u>	<u>143,580</u>	<u>106,721</u>	<u>111,501</u>	<u>199,542</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator represents the EPSDT eligible children aged 6 through 9 years who received any dental services for the year 2008. The denominator represents all EPSDT eligible children aged 6 through 9 years. These numbers were provided by the Health Insurance Administration (ASES, Spanish acronym).

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

The numerator represents the EPSDT eligible children aged 6 through 9 years who received any dental services for the year 2006. The denominator represents all EPSDT eligible children aged 6 through 9 years for the year 2006. These numbers are unduplicated and the Health Insurance Administration (ASES, Spanish acronym) was provided it.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				<u>Yes</u>	
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				<u>Final</u>	<u>Final</u>

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2008**Field Note:**

PR does not receive SSI funds. Therefore no data can be reported of this HSCI.

2. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

PR does not receive SSI funds. Therefore no data can be reported of this HSCI.

3. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2006**Field Note:**

PR does not receive SSI funds. Therefore no data can be reported for this HSCI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: PR

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>13.2</u>	<u>11.2</u>	<u>12.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>7.9</u>	<u>6.6</u>	<u>7.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>76.7</u>	<u>88.3</u>	<u>82.7</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>75.4</u>	<u>85</u>	<u>83.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: PR

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	100
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 18) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	100
c) <i>Pregnant Women</i>	2008	100

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: PR

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 18) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	200
c) <i>Pregnant Women</i>		

FORM NOTES FOR FORM 18

Data for 2008 provided by the Medical Assistance Program (Medicaid Program). Pregnant women do not receive services paid by SCHIP funds.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program).
The percent of poverty level is a State Poverty Level
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program).
The percent of poverty level is a State Poverty Level
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program).
The percent of poverty level is a State Poverty Level
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program). Pregnant women do not receive services paid by SCHIP funds.
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program). Pregnant women do not receive services paid by SCHIP funds.
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Data for 2008 provided by the Medical Assistance Program (Medicaid Program). Pregnant women do not receive services paid by SCHIP funds.
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
Data obtained form OIAT of the PR Dept of Health. Medicaid percentage represents the population covered by the Government Insurance Plan. Non Medicaid population represents the infants without GIP.
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
Data obtained form OIAT of the PR Dept of Health. Medicaid percentage represents the population covered by the Government Insurance Plan. Non Medicaid population represents the infants without GIP.
9. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
Data obtained form OIAT of the PR Dept of Health. Medicaid percentage represents the population covered by the Government Insurance Plan. Non Medicaid population represents the infants without GIP.
10. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
Data obtained form OIAT of the PR Dept of Health. Medicaid percentage represents the population covered by the Government Insurance Plan. Non Medicaid population represents the infants without GIP.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PR

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PR

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Other: Monitoring the Future	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

Data for year 2008. PR conducts the Maternal and Infant Health Study, a PRAMS-like survey, every other year.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: PR

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>11.5</u>	<u>12.8</u>	<u>13.0</u>	<u>12.5</u>	<u>12.5</u>
Numerator	<u>5,872</u>	<u>6,504</u>	<u>6,355</u>	<u>5,817</u>	<u>5,717</u>
Denominator	<u>51,223</u>	<u>50,687</u>	<u>48,744</u>	<u>46,719</u>	<u>45,569</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator and Denominator: data provided by the Vital Statistics Office.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>10.0</u>	<u>11.7</u>	<u>11.9</u>	<u>11.2</u>	<u>11.3</u>
Numerator	<u>5,137</u>	<u>5,798</u>	<u>5,692</u>	<u>5,150</u>	<u>5,019</u>
Denominator	<u>51,223</u>	<u>49,675</u>	<u>47,791</u>	<u>45,793</u>	<u>44,605</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator and Denominator: data provided by the Vital Statistics Office.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>	<u>1.4</u>	<u>1.5</u>
Numerator	<u>762</u>	<u>736</u>	<u>729</u>	<u>652</u>	<u>686</u>
Denominator	<u>51,223</u>	<u>50,687</u>	<u>48,744</u>	<u>46,719</u>	<u>45,569</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2008
Field Note:
 Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2007
Field Note:
 Updated data for 2007. For source of information refer to 2006 notes.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and Denominator: data provided by the Vital Statistics Office.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>
Numerator	<u>625</u>	<u>632</u>	<u>593</u>	<u>551</u>	<u>537</u>
Denominator	<u>51,223</u>	<u>50,687</u>	<u>47,791</u>	<u>45,793</u>	<u>44,605</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Updated data for 2007. Data for 2008 provided by the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator and Denominator: data provided by the Vital Statistics Office.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.7</u>	<u>2.3</u>	<u>2.6</u>	<u>2.3</u>	<u>2.7</u>
Numerator	<u>32</u>	<u>20</u>	<u>22</u>	<u>19</u>	<u>22</u>
Denominator	<u>865,067</u>	<u>852,745</u>	<u>839,172</u>	<u>821,286</u>	<u>806,246</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Obtained from birth data files provided by the Office of System Development.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.8</u>	<u>1.3</u>	<u>1.2</u>	<u>1.1</u>	<u>1.6</u>
Numerator	<u>7</u>	<u>11</u>	<u>10</u>	<u>9</u>	<u>13</u>
Denominator	<u>865,067</u>	<u>852,745</u>	<u>839,172</u>	<u>821,286</u>	<u>806,246</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Obtained from birth data files provided by the Office of System Development.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>18.1</u>	<u>21.7</u>	<u>21.0</u>	<u>23.2</u>	<u>15.2</u>
Numerator	<u>108</u>	<u>128</u>	<u>123</u>	<u>134</u>	<u>87</u>
Denominator	<u>595,850</u>	<u>590,940</u>	<u>586,613</u>	<u>577,715</u>	<u>574,099</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007.

2008 Numerator: Data obtained from the Office of Informatics and Technology Advances (OITA) of the Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator: Obtained from birth data files provided by the Office of Informatics and Technology Advances, (OITA).

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2007

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Obtained from birth data files provided by the Office of Informatics and Technology Advances, (OITA).

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>539.6</u>	<u>548.1</u>	<u>606.0</u>	<u>584.0</u>	<u>684.8</u>
Numerator	<u>4,668</u>	<u>4,668</u>	<u>5,085</u>	<u>4,821</u>	<u>5,521</u>
Denominator	<u>865,067</u>	<u>851,730</u>	<u>839,172</u>	<u>825,576</u>	<u>806,246</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator 2008: Provided by the Health Insurance Commissioner and ACAA.

Denominator 2008: Population Estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Provided by the Health Insurance Commissioner for 2006.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>582.5</u>	<u>306.8</u>	<u>590.8</u>	<u>561.1</u>	<u>513.9</u>
Numerator	<u>5,039</u>	<u>2,654</u>	<u>4,958</u>	<u>4,632</u>	<u>4,143</u>
Denominator	<u>865,067</u>	<u>865,067</u>	<u>839,172</u>	<u>825,576</u>	<u>806,246</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for Fiscal Year 2007-2008.

2008 Numerator: Data provided by the Administration for Compensation for Car Collision.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Provided by the Administration for Compensation for Car Collision for FY 2005-2006.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>2,105.9</u>	<u>1,754.8</u>	<u>2,250.0</u>	<u>1,895.3</u>	<u>1,753.5</u>
Numerator	<u>12,548</u>	<u>10,456</u>	<u>13,199</u>	<u>11,042</u>	<u>10,067</u>
Denominator	<u>595,850</u>	<u>595,850</u>	<u>586,613</u>	<u>582,611</u>	<u>574,099</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for Fiscal Year 2007-2008.

2008 Numerator: Data provided by the Administration for Compensation for Car Collision.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Provided by the Administrations for Compensation for Car Collision for FY 2005-2006.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.7</u>	<u>6.9</u>	<u>8.5</u>	<u>14.3</u>	<u>12.3</u>
Numerator	<u>988</u>	<u>1,015</u>	<u>1,243</u>	<u>2,078</u>	<u>1,806</u>
Denominator	<u>147,423</u>	<u>146,448</u>	<u>145,916</u>	<u>145,661</u>	<u>146,378</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Numerator: Data provided by the STD/HIV Surveillance System, PR Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Provided by the STD/HIV Surveillance System, Department of Health.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.1</u>	<u>3.2</u>	<u>4.0</u>	<u>6.6</u>	<u>5.9</u>
Numerator	<u>2,191</u>	<u>2,288</u>	<u>2,807</u>	<u>4,651</u>	<u>4,109</u>
Denominator	<u>706,402</u>	<u>705,472</u>	<u>703,727</u>	<u>701,558</u>	<u>696,588</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Updated data for 2006 and 2007.

2008 Numerator: Data provided by the STD/HIV Surveillance System, PR Department of Health.

2008 Denominator: Population estimates of the US Census.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Updated data for 2007. For source of information refer to 2006 notes.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator: Provided by the STD/HIV Surveillance System, Department of Health.

Denominator: Annual Estimates of the Population by Age and Sex for Puerto Rico: April 1, 2000 to July 1, 2006

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	47,421	0	0	0	0	0	0	47,421
Children 1 through 4	194,437	0	0	0	0	0	0	194,437
Children 5 through 9	267,849	0	0	0	0	0	0	267,849
Children 10 through 14	296,539	0	0	0	0	0	0	296,539
Children 15 through 19	298,181	0	0	0	0	0	0	298,181
Children 20 through 24	275,918	0	0	0	0	0	0	275,918
Children 0 through 24	1,380,345	0	0	0	0	0	0	1,380,345

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	0	47,421	0
Children 1 through 4	0	194,437	0
Children 5 through 9	0	267,849	0
Children 10 through 14	0	296,539	0
Children 15 through 19	0	298,181	0
Children 20 through 24	0	275,918	0
Children 0 through 24	0	1,380,345	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	146	0	0	0	0	0	0	146
Women 15 through 17	2,995	0	0	0	0	0	0	2,995
Women 18 through 19	4,975	0	0	0	0	0	0	4,975
Women 20 through 34	33,649	0	0	0	0	0	0	33,649
Women 35 or older	3,787	0	0	0	0	0	0	3,787
Women of all ages	45,552	0	0	0	0	0	0	45,552

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	146	0
Women 15 through 17	0	2,995	0
Women 18 through 19	0	4,975	0
Women 20 through 34	0	33,649	0
Women 35 or older	0	3,787	0
Women of all ages	0	45,552	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	342	0	0	0	0	0	0	342
Children 1 through 4	34	0	0	0	0	0	0	34
Children 5 through 9	20	0	0	0	0	0	0	20
Children 10 through 14	31	0	0	0	0	0	0	31
Children 15 through 19	190	0	0	0	0	0	0	190
Children 20 through 24	320	0	0	0	0	0	0	320
Children 0 through 24	937	0	0	0	0	0	0	937

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	0	342	0
Children 1 through 4	0	34	0
Children 5 through 9	0	20	0
Children 10 through 14	0	31	0
Children 15 through 19	0	190	0
Children 20 through 24	0	937	0
Children 0 through 24	0	1,554	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,104,427	0	0	0	0	0	0	1,104,427	2008
Percent in household headed by single parent	43.6	0.0	0.0	0.0	0.0	0.0	0.0	43.6	2007
Percent in TANF (Grant) families	24.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0	2008
Number enrolled in Medicaid	161,246	0	0	0	0	0	0	161,246	2008
Number enrolled in SCHIP	65,161	0	0	0	0	0	0	65,161	2008
Number living in foster home care	5,660	0	0	0	0	0	0	5,660	2008
Number enrolled in food stamp program	414,227	0	0	0	0	0	0	414,227	2008
Number enrolled in WIC	197,169	0	0	0	0	0	0	197,169	2007
Rate (per 100,000) of juvenile crime arrests	2,082.2	0.0	0.0	0.0	0.0	0.0	0.0	2,082.2	2008
Percentage of high school drop-outs (grade 9 through 12)	1.1	0.0	0.0	0.0	0.0	0.0	0.0	1.1	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	0	1,104,427	0	2008
Percent in household headed by single parent	0.0	43.6	0.0	2007
Percent in TANF (Grant) families	0.0	24.0	0.0	2008
Number enrolled in Medicaid	0	161,246	0	2008
Number enrolled in SCHIP	0	65,161	0	2008
Number living in foster home care	0	5,660	0	2008
Number enrolled in food stamp program	0	414,227	0	2008
Number enrolled in WIC	0	197,169	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	2,082.2	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	1.1	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	903,032
Living in urban areas	1,042,579
Living in rural areas	61,847
Living in frontier areas	0
Total - all children 0 through 19	1,104,426

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	3,954,037.0
Percent Below: 50% of poverty	26.0
100% of poverty	45.5
200% of poverty	72.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PR

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,104,427.0
Percent Below: 50% of poverty	37.4
100% of poverty	55.3
200% of poverty	62.9

FORM NOTES FOR FORM 21

Sources: 2008 Population Estimates, Census Bureau. Live births 2008 data provided from Office of Informatics and Technology Advances (OITA) of the Department of Health. Death 2008 data provided from Office of Informatics and Technology Advances (OITA) of the Department of Health.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Population estimates of the US Census.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
2007 Puerto Rico Community Survey, US Census.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Data provided by the Puerto Rico Family Department.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data provided by the Medical Assistance Program (Medicaid Program).
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data provided by the Medical Assistance Program (Medicaid Program).
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data provided by the Puerto Rico Family Department.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
Data provided by the WIC Program of the Puerto Rico Department of Health.
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data provided by the Puerto Rico Police Department.
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Data provided by the Puerto Rico Department of Education.
10. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Population estimates of the US Census.
11. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
2007 Puerto Rico Community Survey, US Census.
12. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent

- Row Name:** Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
 Data provided by the Puerto Rico Family Department.
13. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
 Data provided by the Medical Assistance Program (Medicaid Program).
14. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
 Data provided by the Medical Assistance Program (Medicaid Program).
15. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
 Data provided by the Puerto Rico Family Department.
16. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
 Data provided by the WIC Program of the Puerto Rico Department of Health.
17. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
 Data provided by the Puerto Rico Police Department.
18. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
 Data provided by the Puerto Rico Department of Education.
19. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2010
Field Note:
 An estimate for the population 0-19 years. 2007 PR Community Survey.
20. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2010
Field Note:
 An estimate for the population 0-19 years. 2007 PR Community Survey.
21. **Section Number:** Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2010
Field Note:
 An estimate for the population 0-19 years. 2007 PR Community Survey.
22. **Section Number:** Form21_Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2010
Field Note:
 An estimate for the population 0-19 years. 2007 PR Community Survey.
23. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
 2008 Population Estimates, Census Bureau.
24. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2010

Field Note:

2007 PR Community Survey.

25. **Section Number:** Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2010

Field Note:

2007 PR Community Survey.

26. **Section Number:** Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2010

Field Note:

Data provided by 2007 PR Community Survey for percent of poverty. The 200% of poverty was determined by the 125% of poverty. 2008 Population Estimates (IDB).

27. **Section Number:** Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2010

Field Note:

2008 Population Estimates (IDB).

28. **Section Number:** Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2010

Field Note:

Data provided by 2007 PR Community Survey.

29. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2010

Field Note:

Data provided by 2007 PR Community Survey.

30. **Section Number:** Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2010

Field Note:

Data provided by 2007 PR Community Survey for percent of poverty. The 200% of poverty was determined by the 125% of poverty.

31. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Data provided by the Puerto Rico Family Department.

32. **Section Number:** Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2010

Field Note:

Data provided by the Puerto Rico Family Department.